

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # N01000001407

1. Entity Name
DON JULIO, ANTIGUOS EMPLEADOS DE EL ENCANTO, INC.



Principal Place of Business
**9625 SW 24 STREET #C-107
MIAMI, FL 33165-8045 US**

Mailing Address
**P.O. BOX 65-1026
MIAMI, FL 33265-1026 US**



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1087157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MIYARES, JULIAN D MR
9625 SW 24 STREET #C-107
MIAMI, FL 33165-8045**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Julian D. Miyares*

JANUARY 9, 2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

70.00 CHECK # 1263

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	DS MIYARES, JULIAN D 9625 SW 24 STREET #107 MIAMI, FL 331658045
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP GONZALEZ, JACINTO 6735 S.W. 16 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DVP TORRENS, MARIA J 1776 JAMES AVENUE #15 D MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DVT BLANCO, VICTOR 9223 S.W. 39 ST. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DT PAYRET, ELIA H 9682 FOUNTAINBLEAU BLVD. #204 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

U000000779989
01/14/08-80004-010 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julian D. Miyares*

JANUARY 9, 2008

(305) 229-1062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #